
COMBINED DECLARATION AND POWER OF ATTORNEY

**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)**

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Centering Brachytherapy Catheter

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56 .

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Catherine C. Maresh	35,268
Michael J. Jaro	34,472
Janis J. Biksa	33,648
James F. Crittenden	39,560

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

Catherine C. Maresh
707-543-0221

Catherine C. Maresh
IP Legal
Unocal PlaceRosa, CA 95403

Customer Number 28390

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Jeremy Emkin

Inventor's signature _____

Date _____

Country of Citizenship United States

Residence

Post Office Address

Russell Hodge

Inventor's signature _____

Date _____

Country of Citizenship United States

Residence

Post Office Address

DECLARATION AND POWER OF ATTORNEY